

PROTECTION ORDER SERVICE INFORMATION

DEFENDANT

Defendant's Name: _____

Home Address: _____

Apartment No. and / or floor: _____

Color of house or other description: _____

If living with another person, other person's name: _____

Day / Work Telephone: _____ Evening / Home Telephone: _____

Hours defendant will most likely be at home: _____

Name of Employer: _____

Work Address: _____

Work Schedule: S M T W Th F S Hours Worked: _____ AM/PM to _____ AM/PM
(Circle Work Days)

PHYSICAL DESCRIPTION (If known)

Birth Date: _____

Height: _____

Weight: _____

Hair Color: _____

Eye Color: _____

Gender: _____

Race: ☐ White ☐ Black ☐ Asian or Pacific Islander ☐ Amer. Indian/Alaskan Native ☐ Unknown

VEHICLE (If known)

Make and Year: _____

Type/Model: _____

Color: _____

Registration No. and State: _____

If you are unable to provide the above information, please list below the name, address and telephone number of anyone who can help the serving officer locate the defendant:

ADDITIONAL INFORMATION

Does the defendant own a firearm or other weapon? _____

If so, where is the weapon usually kept? _____

Does the defendant have a history of violence? _____

Is there anything else the serving officer should know about the defendant? _____

PLAINTIFF

Plaintiff's Name: _____

Address (unless confidential): _____

Day / Work Telephone: _____ Evening / Home Telephone: _____